

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

30677

1. PLACE OF DEATH

County Registration District No. *51*
 Township Primary Registration District No. *51*
 City *St. Louis* (No. *408 Pine St.*) St. Ward)

File No.
 Registered No. *8348*

2. FULL NAME

Edward O. Griffin
 (a) Residence, No. *5445 Maple* St. *5* Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Patti Griffin*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-3-1877*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>65</i>	<i>8</i>	<i>12</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Asst to President of St. L. & N. R.R.*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No. Carolina*

13. NAME *Geo W. Griffin*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *Ella H Bailey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *Mrs Patti Griffin 5445 Maple St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Sept 19 1932*

19. UNDERTAKER (ADDRESS) *Mullen and Co 1316 S Delmar St*

20. FILED *SEP 17 1932* Registrar *W. C. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 15 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 7 1932* to *Sept 15 1932*
 I last saw him *13* alive on *Sept 13 1932* Death is said to have occurred on the date stated above, at *2:15 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis Date of onset *82 P. 102*
J. J. A.
 Other contributory causes of importance *Hypertension*

Name of operation *None* Date of *Physical Examination*
 What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify

(Signed) *W. C. ...* M. D.
 (Address) *845 Theaters Bldg St. Louis, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

